



2016 Application

Thank you for your interest in the Neighborhood Assistance Program.

The 2016 NAP Application will open on March 14, 2016 and remain open until the close of business on April 18, 2016. Please return during those dates to complete an application. Applications completed outside of those dates will not be considered.

Organization Name

Organization Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Organization Code

CEO Name

First Name

Last Name

CEO Email

Contact Person Name

Contact Title

Contact Person email

EIN Number

What Indiana counties does your organization serve?

Adams	Allen	Bartholemew	Benton
Blackford	Boone	Brown	Carroll
Cass	Clark	Clay	Clinton
Crawford	Daviess	Dearborn	Decatur
De Kalb	Delaware	Dubois	Elkhart
Fayette	Floyd	Fountain	Franklin
Fulton	Gibson	Grant	Greene
Hamilton	Hancock	Harrison	Hendricks
Henry	Howard	Huntington	Jackson
Jasper	Jay	Jefferson	Jennings
Johnson	Knox	Kosciusko	La Porte
Lagrange	Lake	Lawrence	Madison
Marion	Marshall	Martin	Mitchell
Monroe	Montgomery	Morgan	Newton
Noble	Ohio	Orange	Owen
Parke	Perry	Pike	Porter
Posey	Pulaski	Pulmon	Randolph
Ripley	Rush	St. Joseph	Scott
Shelby	Spencer	Spencer	Steuben
Sullivan	Switzerland	Tippecanoe	Tipton
Union	Vanderburgh	Vermillion	Vigo
Wabash	Warrick	Warrick	Washington
Wayne	Wells	White	Whitley

Eligibility Review

Has your organization received a 501(c)3 ruling from the Internal Revenue Service?

Yes

No

Has your organization filed as a Non-Profit Domestic Corporation and maintains good standing with the Office of the Indiana Secretary of State?

Yes

No

Did your organization participate in the 2015-2016 Neighborhood Assistance Program?

Yes

No

Population Served

Which of the following populations does your organization serve?

- Economically Disadvantaged Households
- Economically Disadvantaged Area
- Ex-Offenders

Please describe how you verify or confirm that these households or this area are/is economically disadvantaged. (500 words or fewer)

Project Description

Please provide a brief overview of your agency and its mission (500 words or fewer.)

Please provide a brief description of the intended use of NAP funds (500 words or fewer.)

Project Description

Please select the Activity category that best describes your project or organization

Would your organization like to receive additional tax credits, if they are available?

Yes

No

Beneficiary Income & Special Needs Populations

Please indicate income levels for beneficiaries of the proposed NAP activity. Organizations providing services for homeless, disabled, abused childred, or migrant seasonal farm workers are considered to be serving beneficiaries at or below 30% AMI. Please compare beneficiary income to that of the area in which the applicant is located. Refer to the most recent FSP Memo for the Income Limits at http://ihcda.in.gov/nonprofits_programs.aspx. For those serving an entire household (e.g. affordable housing) please count all members of household.

(Percent figures will calculate automatically)

Less than or equal to 30% AMI

30.1%-50 % AMI

50.1%-60% AMI

60.1% - 80% AMI

Greater than 80% AMI

At-risk populations and populations with special needs:

Please enter a number indicating the approximate number of individuals in each category you intend to serve or anticipate serving with your NAP funds.

Adult Survivors of abuse or neglect

Child Survivors of abuse or neglect

Seniors over 65

Youth in foster care

**Persons living with HIV
or AIDS** _____

**Persons experiencing
homelessness** _____

**Incarcerated persons or
ex-offenders** _____

LGBTQIA persons _____

**Persons with cognitive
impairments** _____

**Persons living with
mental illness** _____

**Persons living with
physical disabilities** _____

**Survivors of sexual abuse
or assault** _____

**Users or former users of
illegal/restricted
substances** _____

**Veterans of the U.S.
Armed Forces** _____

**If you are certain that your application is complete,
please select "Submit" to submit it to IHCD for
review.**

E-mail _____